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IRITIS—NON-MERCURIAL TREATMENT.

BY HENRY W. WILLIAMS, M.D., ONE OF THE ATTENDING SURGEONS TO THE BOSTON DISPENSARY.

[Read before the Boston Society for Medical Observation, August 4th, 1856, and communicated for the Boston Medical and Surgical Journal.]

WHOEVER proposes an important deviation from the canonical precepts of our profession, is bound to justify his innovation by more than a mere array of statistics, given on his own authority, stating that a certain course has been pursued in a given number of cases, with such and such results. He should produce ample evidence of the nature of the disease he professes to have encountered, by detailed descriptions of the symptoms; otherwise, it may be doubted, by those to whom he is personally unknown, whether the cases to which he refers were really instances of the disease in question, or whether the severity of the attacks was such as to constitute them fair specimens of the disease. These points being established, it remains for him to exhibit the effects of treatment, and to justify the value he ascribes to it.

As a general rule, the universal approval of any plan of treatment is *prima facie* evidence of its excellence; but there are not wanting instances where the profession has condemned and abandoned the practice it had deemed correct. As respects iritis, there are peculiar reasons why the course inculcated by the highest authorities has been deferentially followed by those who have succeeded them. It was not till the beginning of the present century that iritis was recognized and described as a distinct disease. Its symptoms and grave results having been then forcibly brought to the notice of the profession, they were enjoined to lose no time in resorting to the use of appropriate means for checking those symptoms, lest the golden opportunity should be lost and never regained. They were taught, that to ensure the safety of the organ of vision, and the preservation of its powers, it was necessary to employ, at once, vigorous antiphlogistic and alterative measures; and, especially, that unless the system could be speedily brought under the influence of

mercury, it might be too late to secure its salutary influence, which, above all, it was essential to obtain.

Knowing, as we do, the serious consequences of the unchecked disease, we can understand how it has happened that physicians have felt unwilling to incur the consequences of delay, and have hastened to follow the course marked out as the only path of safety. The number of cases falling under the care of most physicians has been too small to allow them to form confident opinions of their own, and they have concurred in the treatment which seemed to be adopted by general consent. The successful cases have been passed to the credit of the remedies; the unfortunate results have been ascribed to the formidable character of the malady, the constitution of the patient, his delay in invoking medical aid, or his insusceptibility to the influence of the specific treatment.

But it is obvious that if we *can, safely*, spare our patients the infliction of heroic remedies, from the effects of which they may be months in recovering, we confer a great benefit on them, and obtain another triumph for our profession.

The conclusions arrived at in this paper are based upon sixty-four cases of iritis, of every degree of severity, including its idiopathic, traumatic, rheumatic, and syphilitic varieties. To these might be added others, where the patients have not remained under my observation, but where I have heard of a successful result of the treatment advised. The sum of the above embraces *all* the cases I have met with since I fully adopted the treatment described, and is not a report of the favorable cases only. In no instance within my knowledge have the results obtained been less fortunate than in the cases which will be related.

Not to weary the attention of the members of the Society by a repetition of almost precisely similar symptoms, details will be given of a small number of cases only; but sufficient to afford the evidence, which, as I have already shown, should be demanded, to sustain the positions assumed. It is proper, however, to state, that in forty-three of the cases alluded to, my diagnosis has been confirmed by other physicians with whom I have seen the patients; and among these a considerable number are colleagues in this Society.

The number of cases may seem too small to warrant their being brought forward; but it appears considerable, when we reflect that iritis is, comparatively, a rare disease.

I was first induced to vary from the plan of treatment we have usually pursued, by having under my care, within a short period, several cases, where, on account of the age or constitutional condition of the patients, it seemed desirable, if possible, to dispense with depletion and mercurials. The improvement was in some of these cases so rapid, and their termination so unexpectedly favorable, that the same method was cautiously adopted in the treatment of other patients.

CASE I.—Mr. —, a gentleman of middle age, was seen in

consultation in the midst of a severe attack of iritis, on the 25th of April, 1854. He was subject to rheumatism, but free from other constitutional affection. The pain in and above the eye had become so severe that he was unable to obtain sleep, even under the influence of large opiates. The photophobia was so intense that he remained in a room from which light was wholly excluded, and it was with difficulty that he could support an instant's examination of his eye. The pupil was extremely contracted, irregular and hazy, and the sclerotal injection very vivid. Vision was almost abolished. The previous treatment had consisted in an application of leeches to the temple, and a cathartic of blue pill, together with opiates to relieve pain.

We at once applied a solution of atropia (ten grains to an ounce of water) to the conjunctiva, and directed that the application should be repeated in the afternoon. To bathe the eyelids frequently with an infusion of rose leaves and poppy capsules. Quin. sulph. gr. i. *ter die*. Ten grains of Dover's powder to be taken at once, and, if the pain becomes aggravated towards evening, to take the same every hour till the pain is relieved. He had little appetite, on account of the suffering he had experienced, but was encouraged to eat as much as he felt inclined to do.

25th.—Slept very little on account of pain, which is still very severe. Has rather less intolerance of light; but there is no diminution of the sclerotal injection, and the pupil has not yielded to the atropia. The iris is considerably discolored. Continue quinia. Potass. iod. gr. v. *ter die*. Substitute liq. morph. sulph. for the Dover's powder. Apply four leeches to temple. Employ the solution of atropia as yesterday. May take game.

27th.—Had a more comfortable night. There is a little less injection and photophobia, but the pupil remains as before.

28th.—Had more appetite and less pain yesterday. The pupil is enlarged in some directions, but slightly adherent at other points. Less intolerance of light. Same treatment as yesterday, with the addition of an enema to procure an evacuation. He was advised to allow more light and air in his room, but to wear a shade over his eyes. Good diet.

29th.—Less injection. Pupil has become more dilated. Had a more comfortable night.

I did not see him on the 30th; but on the 1st of May his physician again requested my attendance, as he had imprudently gone out of doors in unfavorable weather, and the symptoms had become aggravated. The eye, however, recovered at once from this relapse, and my attendance ceased after three more visits. During this time the pupil became well dilated, the injection of the eye rapidly diminished. The treatment was gradually discontinued, and when I saw him, some weeks after, the eye was entirely well, and the adhesions of the edge of the pupil had given way. He has had no recurrence of the disease.

This case must certainly be considered as a severe attack of rheu-

matic iritis, yet the urgent symptoms began to yield on the fifth day from the commencement of treatment, and the entire duration of the disease was but a brief period. The recovery, notwithstanding the temporary synechia, was perfect.

CASE II.—Mr. —, clerk, æt. about 35. Is of lymphatic and debilitated constitution, and has a sedentary occupation. Not subject to rheumatism. Never had syphilis, but only a discharge from urethra.

June 25th, 1854.—He ascribes his attack to an exposure to reflection of the sun's rays from the water. The sclerotica was considerably injected, the anterior chamber so hazy that it was impossible to see the precise condition of the pupil, and vision very indistinct. The circum-orbital pain was not very severe. Considerable photophobia. Applied atropia. Ordered pil. cathar. co. gr. x. Liq. morph. sulph. to be taken during the night *pro re nata*. Quin. sulph. gr. ii. *ter die*.

26th.—No improvement. Passed a restless night, but has less pain this morning. No enlargement of pupil. Re-applied atropia. Continue quinia. Three leeches to temple. Soothing fomentations.

27th.—Much the same as yesterday. In the afternoon he sent for me on account of an access of more severe pain. Three leeches to temple. Potass. iod. gr. v. *ter die*.

28th.—Has been more comfortable, and the pupil is perhaps slightly enlarged by the atropia. Anterior chamber less hazy, but there is slight hypopyon. He bears the light better. Continue medicines.

29th.—Hypopyon rather less. Pupil larger, but not perfectly round. Vision less hazy. Little pain.

30th.—Still improved. Less hypopyon. Less injection. No pain. Discontinue quinia. The appetite permitting, may take more food.

July 3d.—Has steadily improved. Hypopyon absorbed. Walked out a short distance.

5th.—Discontinued visits. Eye is still slightly sensitive to light, and vision has not yet become perfect for small objects. In three or four weeks he had fully regained the use of this eye. Several months after this he had another, still more severe, attack, causing much apprehension in the minds of two gentlemen who saw him for me during my absence for a day from the city. But from this he recovered in three weeks, so far as to require no further treatment, although vision did not become absolutely perfect until some little time after the disappearance of all external traces of inflammation.

CASE III.—Mr. —, æt. 30, painter, was seen in consultation on the 3d of October, 1854. Has suffered very much from rheumatism, from the effects of which he has not yet recovered. General aspect feeble. Had chancres about nine months since. He says he had no uneasiness in his eye till a week since, and was then

advised to use a collyrium of nit. argenti, with calomel as an internal remedy. For three or four days past his left eye has become much worse, vision being abolished. He has had much circum-orbital pain, and last night was unable to sleep. The eye exhibits considerable conjunctival and sclerotal injection. The anterior chamber is very hazy, so that the exact condition of the pupil cannot be seen. The iris seems little altered in color, but has a dull aspect on account of the haziness just referred to. It has none of the greenish or reddish discoloration often seen in syphilitic iritis, and no tubercles of lymph are to be seen on its surface. The pupil is contracted, and its edge *appears* to be united to the crystalline capsule by a deposit of lymph. The solution of atropia was put into his eye. Quin. sulph. gr. ii. *ter die*. Ten grains of Dover's powder at night, and repeat the dose if required to ensure sleep. Good diet.

4th.—Had a comfortable night after one dose of Dover's powder. Has no pain to-day. Pupil is not dilated by the atropia, but the anterior chamber seems clearer and the injection of the eye a little less. Repeat remedies.

6th.—Has been free from pain, and the eye is losing its injection. The pupil remains fixed, and he has no vision, but only a perception of light. The anterior chamber offers a curious appearance—as if a false membrane which had lined the cornea and rendered the anterior chamber dim to the eye of the observer, had become separated and had shrunk to one half its dimensions, its edges being shrivelled. This membrane appears to be connected at its centre with another false membrane deposited on the anterior surface of the lens, and to which the edge of the pupil seems adherent.

8th.—The false membrane mentioned on 6th, seems to have become absorbed from the anterior chamber. The central portion of the capsule of the lens is still covered with a cloudy deposit, but the pupil is dilated so as to leave a narrow clear space around this deposit, and he has some vision.

11th. He has taken cold, and there is some lachrymation and more redness of the globe, but the state of the pupil is improved.

13th.—He had so much pain that he took an opiate on the evening of the 11th. The pupil has become *perfectly clear*, except a single shred of false membrane, and vision is quite good, though not yet perfect.

18th.—Vision continues good, though he has had two attacks of pain, probably occasioned by very unfavorable weather.

24th.—Vision is good for large objects. Pupil clear. Eye not sensitive to light or air. Discharged cured. Some time afterwards vision had again become perfect for small objects.

This case was one of great interest, from its probable syphilitic complication, and from the perfect re-absorption of very extensive effusion, rendering the result a far more fortunate one than I had anticipated. The prognosis, at the time the patient was first seen, was quite unfavorable.

CASE IV.—Mr. —, æt. 24, returned from California at the end of September, 1854. A year since he had chancre, followed by a small bubo, which discharged a little pus. Has lately had rheumatism. Has been subject, as well as I can judge from his statement, to attacks of conjunctivitis, easily subdued by applications of cold water.

A week since he began to have uneasiness in right eye, and noticed dimness of vision. Cold water gave him no relief. Has had some pain in temples when facing the lamp in the evening, but has slept free from pain.

Was first seen on the 25th of October, 1854. The right pupil is contracted, and adherent at numerous points around its entire margin. It dilates but very slightly, and only at some points, under the influence of solution of atropia, ten grains to the ounce of water. There is no discoloration of iris. The anterior chamber and the field of the pupil are slightly cloudy. Vision is very dim. Sclerotics slightly injected. Ordered an infusion of rose leaves and althea root, to be used, tepid, as a lotion. Quin. sulph. gr. iss. *ter die*.

27th.—He says the pupil remained small and irregular after the application of the atropia, but the next morning it had dilated and become regular. It is now moderately dilated, all its adhesions have become detached, and the pupil seems less cloudy in the centre of its field. The sclerotic injection is less, and the eye is less sensitive to light.

29th.—The pupil is not at all cloudy, but its edge is turned slightly backward, showing that there is congestion of the iris. The effect of the atropia has passed off. Eye free from injection.

31st.—Yesterday and to-day have been rainy, and the eye is as much injected as on the 27th. The globe is more sensitive when pressed upon. Re-applied atropia. Continue quinia.

Nov. 3d.—He has steadily improved. The eye is free from injection. Pupil is clear, and dilates readily under the influence of atropia. I allowed him to return home to the country, and when I next saw him he had continued well during the whole period of several months.

In this instance the subjective symptoms were not very severe, but the apparent alterations in the field of the pupil were very considerable. Had the patient been placed under the influence of mercury, the case might have been cited as a proof of its efficacy in promoting the absorption of the effused lymph forming the adhesions of the edge of the pupil.

CASE V.—Master —, æt. 15, schoolboy, was attacked with severe inflammation of both irides in consequence of riding in the wind. I saw him Jan. 24th, 1855. There was much sclerotic and conjunctival inflammation, copious lachrymation, severe pain, and considerable photophobia. Iris has in both eyes lost its natural striated aspect; pupils are contracted, but regular; vision very dim. Applied solution of atropia. Ordered quin. sulph. gr. i. *ter die*. Dover's powder at night *pro re nata*. Apply two leeches to each tem-

ple, and repeat atropia at evening. Bathe eyes with tepid lotions of milk and water.

25th.—No improvement. Slept little, and through yesterday had pain almost continuously. No appetite. Tinct. opii at night p. r. n.

26th.—Had a comfortable day, but severe pain last night, though he took laudanum in addition to his Dover's powder. Apply three leeches to right temple. Potass. iod. gr. v. *ter die*.

27th.—Patient had a rather more comfortable night, but is much depressed by dimness of vision and long-continued pain. The injection of the eyes is rather less, but the irides still look puffy and congested, and their color remains abnormal. Pupils are still contracted.

30th.—The eyes have rapidly improved, so that for two days he has had little pain or intolerance of light. The pupils have dilated to a moderate extent, but are slightly adherent at some points to the capsule of the lens. He has some vision.

Feb. 1.—The injection of the eyes slowly diminishes. Continue quin. and potass. iod. Good diet. Atropia to be used once in two days, to endeavor to detach the adhesions.

10th.—Is able to go out, with a shade to protect the eyes from bright light. Color and aspect of irides almost natural. Pupils nearly regular. Vision good for large objects. Continue potass. iod. only.

I ceased my visits on this date, seventeen days from the beginning of the attack. His vision became perfectly good in a short time. Two or three slight adhesions of the margin of the pupil were the only remaining evidences of past inflammation.

After an interval of six months, this boy had another attack; but it was less severe, and under a similar treatment continued but ten days, though both eyes were affected.

(To be continued.)

ANTIMONY IN RIGIDITY OF THE OS UTERI.

[Communicated for the Boston Med. and Surg. Journal.]

Messrs. Editors,—Much has been said of late relative to the use of antimony and lobelia in the treatment of rigidity of the os uteri. As a philanthropist, I feel it incumbent upon me to add my feeble testimony in its behalf; and I know of no better way than through the medium of your very excellent Journal. In my humble judgment, there is no subject of more paramount importance now before the medical world. Doubtless many are familiar with the efficacy of this mode of treatment, but I am constrained to believe that a large portion of the profession in the South and Southwest are not alive to it. A succinct history of one case must suffice upon the present occasion.

May 14th, 1856.—I was called to a negress aged 22, of robust and plethoric habit. I arrived at 6 o'clock, P. M., and found her in labor with her second child. The pains had been regular, with

intervals of a few minutes, since 2 o'clock. The presentation was natural; os uteri dilated to the size of a dollar, rigid and of a cartilaginous consistency. In her former confinement, venesection was resorted to, to overcome a similar difficulty, and the necessity of it was strongly urged upon this occasion. My predilection for the lancet not being as great as that of some, I refused, and intimated that I should use the antimony. She objected; I succumbed and ordered an emetic of ipecac; after half an hour it only produced slight gastric uneasiness. I made another examination, and finding the parts unyielding, ordered the former prescription to be repeated. In ten minutes free emesis was produced, the pains came on more severe, and at shorter intervals, inspiring me with the hope that the labor would soon be at an end. I examined again, but it only served to dissipate my hopes. I then concluded that justice demanded that I should put into execution my former views. An enema was ordered, of three grains of tartarized antimony in a gill of tepid water, half to be given at once. I left the apartment, but was summoned in about ten minutes, and found the parts fully dilated, with strong expulsive pains. Five minutes more noted the advent of a stout, robust boy, weighing eleven pounds. Her recovery was speedy, no untoward symptoms manifesting themselves.

Burksville, Ky., Aug. 1st, 1856. R. M. ALEXANDER, M.D.

FOREIGN BODY IN THE AIR-PASSAGES.—DEATH IN EIGHT HOURS.

BY A. S. MCLEAN.

[Communicated for the Boston Medical and Surgical Journal.]

On the 8th of January, 1855, a child, aged one year, eleven months, son of Mr. John Griffin, of this city, was made to cry, by having a dipper, containing some walnut kernels, snatched from him by his brother. Violent coughing and strangulation immediately ensued, accompanied with profuse frothy expectoration, the latter filling and flying from his mouth.

A neighbor, on coming in, said she thought a child was blowing a tin whistle, such was the sound conveyed to her room. The coughing and choking continued, more or less, as the mother informed me, for one hour. One of the women present said it must be croup, and hive syrup was freely given and full vomiting produced, but without relief. After all the usual domestic remedies for croup had been tried, at 11 o'clock I was summoned, the paroxysm having commenced about 8 o'clock of the same morning. I found the child sinking from suffocation, without cough, and when roused the voice was not suppressed as in croup. Dr. Vaille was called in consultation. An operation was not deemed best, and we persevered with emetics, sternutatories, and means to excite coughing, with stimulants and warmth to the surface, until a violent paroxysm of strangling came on, soon ending in death. This took place at 4 o'clock of the same day.

The autopsy brought to light two pieces of walnut kernel, one in each primary bronchus, low down in the substance of the lungs.
Springfield, Mass., July 21st, 1856.

PHOSPHATE OF LIME IN THE FORMATION OF BONE, &c.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the last number of your Journal, you notice the application of phosphate of lime in the treatment of fractures, and observe that it appears to have been but recently suggested for that purpose by M. A. M. Edwards. You also allude to its use in ununited fracture, and express surprise that it has not been thought of or tried in these cases. If you will refer to Nos. 13, 16 and 17 of Vol. XLVI. of your own Journal, you will find two articles, respectively entitled "Osseous Development and Nutrition," and "Osseous Reproduction and Reparation," which contain some general observations on the abnormalities of the osseous system, and the importance of phosphate of lime in their treatment. Special allusion is therein made to its value in the treatment of fractures, particularly those in which there is partial or complete failure of reparation, as in fractures of the patella, and in intercapsular and ununited fractures.

The intention, at the time, was to continue the subject, and conclude the series with an article on osseous or calcareous transformation, principally to invite attention to the probable value of phosphate of lime in promoting the conservative induration and calcareous degeneration in cancerous, tuberculous and other adventitious tissues, in which the predominant tendency is to destruction by colliquative disintegration. Ill health, however, caused this to be laid aside, and it has not since been resumed, though subsequent observation and experience have strengthened my former impressions. By inserting this, you will oblige,

Philadelphia, Aug. 4th, 1856.

Respectfully yours,

GEO. J. ZIEGLER.

Jalapine.—This substance is best prepared, according to Mayer, by dissolving the crude resin of jalap in a considerable quantity of alcohol, adding water until turbidity commences, then repeatedly boiling with fresh animal charcoal, and afterwards adding sugar of lead and ammonia as long as a smutty green brown precipitate results. The filtrate is now treated with sulphuretted hydrogen, the sulphur thrown down removed, and the filtrate distilled off, to separate the resin, which is then well washed with boiling water, and dried. This resin is pure jalapine. It is perfectly soluble in ether and alcohol, but very slightly so in water. It is uncrystallizable, and possesses a light yellowish color, and a composition expressed by the formula $C_{68}H_{36}O_{32}$. It is dissolved by alkalies, and converted thereby into an acid. Strong mineral acids decompose jalapine into sugar and a fatty body.—*London Lancet.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.
L. PARKS, JR., M.D., SECRETARY.

MAY 31st, 1856.—The President in the chair.

The PRESIDENT (in addition to other cases reported at length in the Journal), related a case of recto-vaginal laceration, which he had perfectly cured by two simple sutures.

The following case was reported by Dr. CABOT.

A married woman, who had no children, went through what was called, in the country where she was, "putrid dysentery." She stated to Dr. C. that she discharged a good deal of black, shreddy matter. She seemed at first to have recovered entirely from this dysentery; but soon after, she had sensations as though air passed through "the water passage." About a year afterwards, she found that fæces, apple-seeds and other substances passed through the same canal. On examination *per vaginam*, by means of the finger, speculum and sound, Dr. Cabot found no communication between the vagina and rectum. The finger being then introduced into the rectum, the sound was passed through the urethra, and still no direct recto-urethral communication could be detected. The sound, however, was felt to pass out of the natural channel into a region beyond, and to the right. Dr. Cabot suggested to the patient to ascertain, by making use of a mirror, whether the fæces actually passed in the way supposed. By this means the patient saw emerge from the urethra a fæcal mass of the size and shape of a pipe-stem.

Dr. BUCKINGHAM reported a case of excessive salivation, occurring as a reaction of pregnancy. He first saw the patient in March, of this year, when she was at the beginning of the eighth month of pregnancy. She had been confined several times previously, without the occurrence of anything abnormal. At the above date, however, she was suffering from sore mouth and excessive salivation, *not* preceded by, or contemporaneous with, the use of mercury, or any other remedy except borax. From eight to nine quarts of ropy, mucilaginous, translucent sputa came away in each twenty-four hours, most of it being discharged at night. The nightly gush of saliva was preceded by swelling of the parotid gland. In answer to a question subsequently put by Dr. Cabot, Dr. Buckingham stated that there was no obvious swelling or tenderness of any gland but the parotid. He saw the saliva at one of the periods of exacerbation running in a stream from the mouth. Dr. Ellis examined a specimen of this under the microscope, and saw only epithelium scales. The patient complained much of a sense of sinking at the stomach, and appeared debilitated and anæmic. The tongue was bright red. Labor commenced a little before the proper time, was of two hours' duration, and resulted in the birth of living twins, there being from four to five minutes interval between the appearance of the two infants. There was no uncomfortable symptom, other than those already described. There was no appearance of milk, or milk fever, at the time of the report. The salivation had been diminishing since the labor, but had not entirely ceased. There were no remains of the ulcerations. The general symptoms were improving.

A great variety of remedies—among them belladonna and hyoscyamus—were tried, without effect upon the salivation. The sinking at the stomach was ameliorated by wine and beef.

Dr. MINOR had employed extract of belladonna for salivation in two or three cases, and with marked benefit.

Dr. STORER asked if iodide of potassium had been tried. The answer was, that it had not.

Dr. BOWDITCH had lately seen paracentesis followed by excellent results in several cases. One patient was found in so dangerous a state, by Dr. Clarke, that it was feared death would take place at once. The chest was tapped as soon as possible, and at the end of three weeks the patient was attending to his business. In another desperate case, the first operation afforded great relief, but in five days the patient was as badly off as ever. A second puncture was made, as a last resort, and the tube left in. At the end of three days, the tube was pushed out by the expanded lung, and on being re-instated could not be retained. In two weeks the patient was again in as bad a condition as ever. Shorter tubes were then used, and the patient had been steadily improving since.

A third case Dr. Bowditch had seen in consultation with Dr. Buckingham, whom he requested to relate it. The case, said Dr. Buckingham, was one in which there had been pleurisy two or three months previously. The respiration was very rapid, and so much impeded that the patient could not lie down. Sixteen ounces of fluid were drawn off, when the respiration immediately went down in frequency, the pulse also at once diminishing in rapidity. On the day following the operation, the side which had been tapped was nearly as resonant as the other side. In a week, the patient was out.

Dr. DIX mentioned a patient by whom he had lately been consulted, who stated that he had always had weak eyes, and had been pronounced by his physicians the subject of simple chronic ophthalmia. At the outer canthus Dr. Dix found a single introverted lash. In such cases he employed excision, together with the actual cautery, and with great benefit. He found this practice to be followed by better results than excision of the bulb.

Dr. CABOT described a case of gun-shot wound. The ball struck the left side of the sternum. The patient at first seemed in imminent danger of death, probably from internal hemorrhage. He rallied, however, and improved for two weeks. At the end of that time, after a sudden exertion and exposure, he became worse, and died suddenly on the 17th day. There was no autopsy.

JUNE 28th.—Dr. STORER, senior, described the case of a man, 53 years of age, who had marked phthisis, there being signs of effusion in the right side of the chest, dullness on percussion, absence of respiration. The patient had been sick several months. The abdomen was tense from distension, owing to pressure of the fluid in the cavity above. Relaxation followed the use of diuretics; when it became obvious that the liver was diseased.

Dr. ELLIS, at the autopsy, found from three to four pints of serum in the right pleural cavity, and also miliary granulations in the lungs. The peritoneum contained twelve pints of fluid. The liver was firm, but granular, not nodulated, however, as is the hob-nail liver. There were nodules in the spleen—not, in the opinion of Dr. Ellis, of a tubercular nature. The glands about the pancreas were enlarged. Dr. Ellis also showed the lungs and pleuræ; and called attention to the great thickening of the diseased pleura.

Dr. BOWDITCH asked if the thickening without roughening of the pleura, seen in this specimen, was not unusual. Dr. Ellis thought that it was.

Dr. GOULD read exceedingly interesting extracts from a paper on the alleged existence, for a considerable length of time, of certain air-breathing animals in the human stomach. As we presume this paper is to be published, we offer only brief notes of Dr. Gould's remarks.

After presenting his reasons in general for doubting the possibility of a prolonged residence of such animals in the human stomach, Dr. Gould took up several notable cases, and offered very satisfactory refutations of the construction usually put upon them. The first occurred in Vermont. In this, a *salamander* was said to have been vomited, after having been in the stomach twenty-two months. The animal—*triton dorsalis*—was exhibited to the Society by Dr. Gould, still alive, with all its beautiful colors, which would not have been the case had it been deprived of light. Dr. Gould would not contend that the animal had not been vomited, but that if so, it could have been swallowed but a very short time.

In another case, a snake was supposed to have lived in the gastric cavity for something like three years. An autopsy of the reptile showed the presence within it of another snake, of a different species, thus proving either that there was a community of snakes in the stomach, or else that this one had been at large within a short time.

In a third case of alleged vomiting of a snake, his snakeship was neither more nor less than a large *ascaris lumbricoides*, which Dr. Gould exhibited to the Society.

Dr. G. remarked that he was bound to say, that in all these cases, the symptoms, which were very much alike, had disappeared with the supposed ejection, and had not returned.

Dr. Bowditch suggested that since epileptic attacks had ceased after the mental impression produced by the supposed vomiting of reptiles, it might perhaps be possible to found upon this fact a new method of treatment of epilepsy.

Dr. BIGELOW, senior, concurred fully in the views of Dr. Gould upon the subject in question. He never knew of an authentic case of an animal, other than entozoa, living in the stomach of another animal for any length of time—except that of Jonah. Even if the gastric juice and the high temperature were not fatal to the life of the misplaced animal, the peristaltic motion would probably effect his expulsion downwards. Patients were apt to associate the cure of a chronic disease with the last preceding event—whether that were the turning down of a patent medicine, or the turning out of a snake. The worm shown by Dr. Gould he thought a genuine entozoon. Dr. Bigelow made further remarks upon the recondit parts of the human body inhabited by entozoa, and upon the mode of generation of those beings.

Dr. DURKEE stated that a year since he put a male and female *triton* into a jar of water, and kept them until the present time, in order to observe their habits. They rise to the surface in warm weather, and locate themselves on a piece of cork provided for them. In this situation they frequently open their mouths, as if for air. In winter, while hybernating, they remain at the bottom of the vessel.

The shedding of the skin is accomplished once in three or four weeks, and in the following manner. A sudden jerk of the head frees the cutaneous envelope from that portion of the body. The lizard then tears the skin from the chest by means of the anterior extremities, removes it from the remainder of the body with its mouth, and finally makes a meal of it. This animal does not, like the snake, turn its skin inside out.

Bibliographical Notices.

The Obstetric Memoirs and Contributions of James Y. Simpson, M.D., F.R.S.E., &c. &c. &c. American Edition. Edited by Drs. PRIESTLEY and STORER. Vol. II. 8vo. Pp. 733.

WE cannot be expected here to give more than a notice of this valuable work, which a regular quarterly could scarce treat of fully in its usual allotment of space. We have, however, certain points to remark upon. Firstly, we must thank the editors, or typographers, or to whomsoever thanks are properly due, for the getting up of the work ; for its ample, time-saving index, and for its remarkably beautiful type, which enables us who have overtaken our eyesight by early and prolonged studies, to still refresh ourselves in the decline of life with the labors of those yet active around us. Of the matter contained, we first have an ample exposition of puerperal epi-phenomena—fever, tetanus, pneumonia, paralysis, &c. On the first subject we still yield the palm to our own brother Holmes, for all that can be brought to bear upon its nature, its contagiousness, and upon the heavy responsibilities of practitioners coming in contact with it. He has told us all we can know, as yet, of this, and in a most masterly manner ; but we have here much added, both interesting and instructive, and much on the other complications of the childbearing state, which we know not where could be found more thoroughly discussed and amplified. Fatty degeneration of the uterus after delivery, perineal fistula, and collodion to sore nipples, conclude this part.

Part V. is devoted to the Physiology and Pathology of the Products of Conception, in which the attitudes and positions, and the muscular motions, of the *fœtus in utero* are entertained *in extenso*, furnishing explanation of many phenomena of the actual parturient condition, which, we doubt not, have puzzled many a practitioner at the bedside, whose wearied arm and jaded mind have prevented him from successfully unravelling, at the moment, to his perfect satisfaction, the *heads* and *tails* of the case. This part also embraces an interesting paper on peritonitis in the *fœtus*, and then gives two hundred pages to abnormalities of formation of the *fœtus*, apparently exhausting the subject of hermaphroditism throughout the animal kingdom. It also embraces placental diseases, which, we think, from their importance and frequency, should have had a separate division assigned to them. We should like to make fuller comments on these, as our experience has induced us to think they have not been sufficiently weighed and investigated ; and that many a woman has been forced to carry some half dozen pounds weight in her uterus for nine months, more or less, without the reward a mother expects—when a better knowledge of placental affections, and the treatment they require, would crown her fondest hopes of maternity, in an eight or ten pounder.

Part VI. treats of the Pathology of Infancy and Childhood, and gives us many valuable hints, and insists more urgently upon points hitherto, perhaps, too lightly regarded ; but the subject, it is well known, has been more fully and therefore satisfactorily dealt with by Rilliet and Barthez, Grisolle and others.

Part VII., devoted to Anæsthesia, is very interesting as a summary of the whole subject ; but we can scarce find in it any point upon which we could expatiate with advantage, or, indeed, any new view of modifying influence in the whole 250 pages allotted to it. We do, however, value this

as a summary, which leaves but very little to be said in addition to it, until discoveries of new agents and new modes of application are made.

On the whole, we consider the work a most valuable addition to medical literature; and if on certain points Dr. Simpson is inclined to ride a new hobby a little too fast, or furiously, without regard to wayfarers, we can readily forgive it in the enthusiasm and devotion with which he has applied himself to the subject. We feel that when time has toned down much of the brilliancy which now seems to invest some of his theories, and the practice proceeding from them, there will be left a large, solid foundation of research, learning and experience, on which many a one will be very grateful to be permitted to stand.

W. E. C.

The Dissector's Manual of Practical and Surgical Anatomy. By ERASMUS WILSON, F.R.S., &c. Third American from the last revised London edition. Illustrated with one hundred and fifty-four Wood Engravings. Edited by WILLIAM HUNT, M.D., Demonstrator of Anatomy in the University of Pennsylvania. Philadelphia: Blanchard & Lea. 1856. 12mo. Pp. 583.

This valuable guide to the study of anatomy is too well known to require more than the announcement of a new edition, to secure for it a ready sale. The present issue is under the superintendence of a new editor, Dr. Hunt, who has retained the arrangement adopted by Dr. Goddard, in order to adapt the work to the wants of the American student. The book is well printed, is illustrated with numerous excellent engravings, and is of a convenient size for the dissecting table. The student can have no better manual for dissections.

The Medical Profession in Ancient Times; an Anniversary Discourse delivered before the New York Academy of Medicine, Nov. 7th, 1855. By JOHN WATSON, M.D., Surgeon to the New York Hospital. Published by order of the Academy. New York. 1856. Svo. Pp. 222.

This work is the result of long and laborious investigation on the part of the author, to whom the thanks of the profession are due for a most interesting and agreeable sketch of the history of ancient medicine. We have read it with pleasure and profit, and recommend it to all who desire to become acquainted with an important branch of medical science. The work is not published, but its intrinsic worth demands that another edition should be issued, which can be obtained by the profession at large. Should this suggestion be followed, we hope that the author will still farther increase the value and usefulness of his work by an index. We are glad to see it stated in the Preface that Dr. Watson has collected material for a history of medicine among the Arabs of the East and West, among the Byzantine and Latin schools, and among the monastic medical institutions of the middle ages, which he also intends to lay before the New York Academy.

The Mutual Responsibilities of Physicians and the Community; being an Address to the Graduating Class of the Medical College of the University of Michigan, March 27th, 1856. By HENRY P. TAPPAN, D.D., LL.D., Chancellor of the University. Detroit. 1856.

AN interesting, sound and useful discourse. The author sets forth, in simple, eloquent and graceful language, the value of a high standard, both professional and moral, as the aim of the medical student. We rejoice to

see such sympathy and interest for the medical profession coming from one of the clerical. The two noblest of human callings have much that is common, and more cordiality should exist between them than is often the case. The following extract from Dr. Tappan's address will convey an idea of its character.

"The true physician is really a physician—what the name indicates, a student and interpreter of nature. He will neither yield to theories, merely because they are old, nor arbitrarily discard them because they are new; but he will examine all with philosophical discrimination. He will accept theories only as sustained by facts; and he will employ them as guides to farther investigations. With him, the simplicity of nature is grander than all mysteries. To him, the talk of nature with open face is more reliable than mutterings from behind the veiled Isis. He is an inductive philosopher in spirit and in practice. He does not profess to know all the sources of disease, or to penetrate all its forms; but he avails himself of all the facts which have been collected, and seeks to collect more. He does not profess to have discovered specifics for all diseases; and is as far from a panacea as mechanics are from perpetual motion. He simply aims to aid nature under the light of her known laws; and, instead of making rash experiments which must kill or cure, is content to soothe and meliorate where he sees no probable means of cure; to prolong the life that remains, is better to him than to run the risk of extinguishing all life."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 21, 1856.

THE SANITARY CONDITION OF NEW YORK.

THE prospect of an epidemic of yellow fever in New York has created quite a panic in the neighborhood where the disease is liable to be introduced from vessels lately arrived from infected ports. After the terrible destruction at Norfolk, last year, we do not wonder that some apprehension should be felt, even in so high a latitude as New York. The fact is, however, that there is but little or no danger of the disease spreading to any extent, and we learn that the number of cases has been greatly exaggerated. The *New York Evening Post* of the 13th says that there are but twelve cases of yellow fever, all of which have been at Quarantine for several days, and that no new cases have occurred for some time. In point of fact, New York is too northerly in its situation ever to become the seat of an extensive epidemic of yellow fever. A longer continuation of hot weather is required for the diffusion of this disease than is met with in that city.

There is no doubt, however, that the yellow fever may prevail to a considerable extent in certain districts of New York city, and destroy many of its inhabitants, unless some means can be devised of removing the filth and garbage with which the streets are loaded. The daily papers are filled with complaints of this nuisance, and with suggestions concerning the means for its abatement. What is here a very simple affair, is in New York a question of immense complication—how the streets shall be cleaned. The Board of Health have exhausted their appropriation for the year, of which *five months* remain. A fine season for a five months' pause in street-clean-

ing—yellow fever at Quarantine—dysentery, diarrhœa, typhoid fever, just beginning their annual visitations! The streets of the "great metropolis" are never remarkable for purity, even at their best estate; what will be their condition and that of their inhabitants five months hence, if there is to be no more street-cleaning? In order to remedy, in some measure, the existing evils, the following resolution was adopted by the Board of Aldermen:

"Resolved, That the committee on ordinances are instructed, to report an ordinance, directing the owners of all houses and lots in the city to have the streets and gutters in front of their houses and lots properly cleansed."

This is a miserable substitute for a proper and efficient method of street-cleaning, and unless some vigorous measures are taken to have all filth and garbage removed from the streets seasonably and regularly, the evil effects will not fail to follow.

When government fails to correct great public abuses, the people are apt to take the matter into their own hands, and apply vigorous, if not legal, means for the correction of the evil. This has already been attempted by the citizens residing near the Quarantine ground, on Staten Island, as we stated in our last number. The Marine Hospital is in a regular state of siege, the gates being barricaded, and no person being allowed to pass out. It was stated, at a meeting of the Board of Health at Castleton, that this was done in consequence of the spread of the disease in the town, through those engaged in unloading infectious vessels; as many as twenty persons, including the gate keeper and his family, having been seized with yellow fever. A man by the name of George W. Daly has brought an action against a member of the Board and the gate-keeper, for false imprisonment, having been denied egress, though he forced his way through.

We feel confident that the proper authorities will see the necessity of the requisite sanitary measures to preserve the inhabitants from the diseases which prevail at this season, whether imported from abroad, or the production of native soil.

THE LATE DR. TREADWELL'S LEGACY.

A PARAGRAPH has been printed in all the daily papers of this place, which originally appeared in the *Evening Traveller*, stating that the late Dr. Treadwell, of Salem, had left to the Medical Department of Harvard College the bulk of his property, which was supposed to amount to about *one hundred thousand dollars*, and his valuable medical library. The property was to belong to his mother during her lifetime, and at her death to be transferred to the College, in order to establish two professorships (of anatomy and physiology), which were to be open to candidates by *concours*, on the plan of the University of France.

We have good authority for saying that there is no truth whatever in the above statement. Dr. Treadwell left all his property to his mother, during her lifetime; at her death it will be disposed of according to written instructions contained in a sealed packet, which is not to be opened before that event. The nature of these instructions is known to no one except Dr. Treadwell's confidential legal adviser, who will, doubtless, not divulge them.

We think it highly probable, however, that Dr. Treadwell's property, or a considerable share of it, will ultimately come into the possession of Harvard College, as he was never married, and, we believe, has no heir except his mother, now living at the venerable age of eighty. What are the terms upon which it is to be held, can only be a matter of conjecture.

Dr. Treadwell occupied, for many years before his death, a distinguished rank in the profession. Although possessed of ample means, he entered with ardor into the study and practice of medicine, until compelled by long-continued illness to renounce, to a considerable extent, the latter. He was highly respected for his talents, his sagacity and his learning, and few practitioners have held more completely the esteem and confidence of his patients. His manners were eccentric and somewhat abrupt, but his kindness of heart and uprightness of character endeared him to all his acquaintance. For the last ten or fifteen years, he was the victim of a painful and exhausting disorder, which obliged him to abandon the practice of his profession; although he visited patients occasionally, and assisted at consultations, his services being eagerly demanded when they were to be had.

Dr. Treadwell was always a diligent student, and he employed a considerable portion of his means in collecting medical books. In this way he became possessed of the most extensive and valuable medical library in New England, whether we consider the intrinsic value of the works, or the elegance and rarity of the editions. We hope that this valuable collection will be preserved entire, and be deposited in some place where it will be accessible to the profession generally in this neighborhood. In the keeping of the Medical College or of the State Society, it would prove of inestimable service to the profession.

ABUSES IN THE DRUG TRADE.

WE make the following extracts from a letter addressed to the editor of the *New York Daily Times*, which recently appeared in that paper. We think the article will commend itself for the good sense it contains on the subject of an evil of great magnitude.

"A few years ago the subject of foreign adulteration of drugs was brought before Congress, and so great was the interest that a law, generally known as the Drug Law, was passed by an almost unanimous vote, with a view to protect community against sophisticated and spurious drugs. That law has been in force now some ten years, and has undoubtedly been beneficial in many of its results, though shorn of a great deal of its efficiency and power by being made, like every other law conferring appointing power, a mere political football, and subjecting its officers and executors to removal upon each turn of the political wheel of fortune. And though Government has never given it the cordial aid and support that its importance demands, it has, by calling the attention of dealers and consumers to the subject of adulterance, and keeping out foreign articles of this description, unquestionably proved beneficial.

"It has been objected to, as 'affording protection to home adulteration,' and such may have been the case; but if so, we had better have the sophistication here, within the reach of the press and a home remedy, than three thousand miles away. But these are mere facts in the history of our movements as a people in this question, and though it would perhaps to many be interesting to point out how lamentably deficient all arrangements to carry into vigorous execution this sanitary legal enactment are, yet this is not now our object."

"Allow me, after an experience of many years in the drug trade, both wholesale and retail, to suggest that the evil lies still deeper, and is more difficult to reach and remedy. The evil lies among the people themselves; the unthinking, unread, busy, money-loving, gain-seeking people at large. A majority buy their drugs, as they buy everything else, for the cheapness.

Rhubarb is to them rhubarb; and whether the best of its kind, they stop not to inquire, if the price is only right. So of all the other articles purchased; and as they buy chicory, peas, and dandelion root, under the name of old Java coffee, ready burned and ground, so they buy cheap drugs because they cost a penny or two less per ounce or pound.

"Physicians themselves are not free from this same charge, especially when they buy for a large practice, and the wholesale dealer provides the cheaper article to supply the demand of his custom, both country and city, and the retailer finds a market with pleasant returns of customers and profits, because he *sells cheap*, though he sells his customers more ways than one.

"This lack of appreciation of medicine—and here is the prime foundation of the trouble, and where the remedy must be applied—has its origin, in my opinion, to a great extent in the immense system of *Quack Medicines*, now so extensive and general in the community. Men and women accustomed to take so much upon trust, suffering either imaginary or real ills, pin their faith to paid-for newspaper puffs and recommendations which are to be found in every issue, and made to carry authority by an implied experience in the usual stereotyped commencement of 'We are not in the habit of recommending,' &c. Thus quack nostrums, certified to by quack chemists and puffed into importance by quack advertisements, have come to have a place in the estimation of the public alone due to legitimate remedies of the *materia medica*.

"As recent judicial decisions have stripped this quackery of all legal protection, by declaring no mere label a sufficient trade-mark to protect the ingredients from imitation, let the public now strip it of the balance of its presumptuous claims, and subject all quackery to the judgment of common sense, and see how quickly its pretensions will dissolve into thin air. To begin here is to begin at the right place, and when the results of such efforts come to be felt, the labors of our colleges of pharmacy and pharmaceutical associations will also begin to be felt and appreciated."

RUPTURE OF THE PERINÆUM DURING LABOR—ITS MANAGEMENT.

WE find the following in the *Journal de Médecine de Bordeaux*, for July, 1856, and present it to our readers.

"M. Nelaton remarked (in reference to a case of this description in a woman who entered his hospital wards twenty-five days after delivery), as follows. The rent being in process of healing, and tending to spontaneous cure, experience had often shown him that incomplete lacerations, even when very extensive, united very well, spontaneously; the cicatrization being effected from the lower angle of the wound, upwards, towards the vulva. M. Danyau decided, from the result of six observations of this sort (there having been four in which union took place without any interference of art), that it is as well to leave this class of perineal lacerations to nature for a cure.

"When there is complete rupture of the perinæum, and upon the fourth, seventh, tenth, or even the twentieth day after the laceration, the surface being covered with granulations, sutures, with curved needles, should be taken, without paring the edges of the wound, and secondary adhesion is thus obtained.

"The catheter should be passed, in order to avoid the contact of the urine with the wound; strict diet, and opium, in sufficient dose to constipate the

bowels, should be ordered. The patients should be kept quiet and recumbent (upon the side), the thighs being brought together.

"There are very few accoucheurs who have not met with these cases, especially in *primiparæ*, whatever care they may have taken to prevent the accident. We have several times met with these lacerations, and have followed the advice which M. Danyau has lately given, and have readily obtained adhesion of the torn surfaces, without sutures. The latter should not be used unless the surgeon is called a long time after the occurrence of the accident; and even then repeated touching of the parts with the nitrate of silver, in the angle of the wound, and bringing the surfaces together, have succeeded, twice, in our hands, without any sutures."

In a case lately occurring to us, where the rupture was entire, reaching to the anus, the recto-vaginal septum being intact, an excellent and complete union was obtained merely by the observance of cleanliness and position, the patient lying always on one or the other side, and having the thighs bound together. No sutures were required.

We also recommended the same management in a precisely similar case occurring in the practice of a medical friend, and, as we have heard nothing to the contrary, we conclude the patient is progressing satisfactorily.

In yet another case, lately described to us by a brother physician, the same course was pursued for some time, with every likelihood of complete success; when the patient, becoming *impatient*, sent for another practitioner, who, most unaccountably, ordered the thighs to be unbound, permits entire freedom of motion and applies some sort of *ointment*! The result of this novel procedure is yet to transpire. Under *these* circumstances, we predict that sutures will be required; whereas, by a little longer adherence to the original plan, their use would have been unnecessary. "*A little knowledge is a dangerous thing!*"

Health of the City.—During the last week the mortality has been very great in this city, and chiefly from diseases incident to the season, no less than 28 deaths having been owing to cholera infantum, a larger number than occurred in any one week during the preceding summer. Dysentery holds its own, and will undoubtedly increase with the coolness of the weather, especially so long as multitudes continue to stand and sit for hours on the wet grass of the Common, listening to the music in the evening. Scarlet fever still continues very fatal, and we believe that so malignant an epidemic of this disease has not visited us for several years. There appears to be very little typhoid fever in the city as yet, only two deaths having been reported. The whole number of deaths was 109, against 78 of the preceding week. Of these, 6 were from drowning, leaving 103 to be accounted for by disease.

MARRIED.—At East Greenwich, R. I., 7th inst., Henry King, M.D., of Warwick, R. I., to Miss Watie H. Low, of East Greenwich.

Deaths in Boston for the week ending Saturday noon, Aug. 16th, 1849. Males, 56—females, 53. Accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—consumption, 16—convulsions, 4—cholera infantum, 28—croup, 1—dysentery, 8—diarrhœa, 2—dropsy, 1—dropsy in the head, 6—drowned, 6—debility, 2—infantile diseases, 8—epilepsy, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 7—disease of the hip, 1—inflammation of the lungs, 2—marasmus, 1—smallpox, 1—suicide (by drowning), 1—teething, 1—thrush, 1—unknown, 1—whooping cough, 2—worms, 1.

Under 5 years, 70—between 5 and 20 years, 7—between 20 and 40 years, 20—between 40 and 60 years, 7—above 60 years, 5. Born in the United States, 89—Ireland, 16—England, 2—British Provinces, 2.

Ergot and Borax, their special indications.—We take from the *Union Medicale* the following comparison of these two agents, in their effects upon the uterus, by Dr. Spengler, of Ems. Each promotes uterine contractions, but are indicated under different circumstances. Borax is preferable when the woman is laboring under an exaltation of sensation, or when there are spasmodic symptoms, cramps, and pain; or gastric symptoms, dyspepsia, acidity of the stomach, or a bilious condition. Ergot answers better with soft, leuco-phlegmatic women, whose fibres are relaxed. When the woman is greatly exhausted, physically and morally, when the pains are very severe and insupportable, the addition of ether to the ergot is the best means of procuring relief. Chloroform would probably answer equally well, since it is the anæsthetic effect which is desirable. M. Spengler prefers the infusion, made with two to four parts of ergot to one hundred of water. About two parts of ether may be added. The dose is a large spoonful every fifteen minutes. If there be gastric derangement, or constipation, castor oil is often sufficient to provoke uterine contractions.

Anaphrodisiac Property of Bromide of Potassium.—Thielmann recommends this remedy as an excellent anaphrodisiac, in satyriasis, nymphomania, spermatorrhœa, and in the frequent and painful erections experienced during gonorrhœa. He has given it in the dose of two to three grains, every two or three hours: with this is joined a vegetable and milk diet, and all acids are forbidden.—*Med. zeit. Russ.*, in *Gaz. des Hopitaux*.

Uva Ursi in Labor.—According to M. Harris, *uva ursi* might well take the place of ergot in cases of feeble or insufficient uterine contractions. In five cases of this sort, there being also nervous depression, a strong decoction of *uva ursi* was followed by active pains of expulsive character, and by the rapid birth of both child and placenta. According to M. Harris, *uva ursi* is even preferable to the ergot, because its use is unattended with danger, and also because it does not produce those tonic contractions so painful to the mother and so dangerous to the life of the fœtus.

If these results are confirmed by future observations, it will be established that *uva ursi* possesses a special action, not only upon the urinary organs, but also upon the genital system of the female. It is easy to verify or disprove the asserted action by experiment; and we do not doubt that definite conclusions will soon be formed respecting its reality.—*Bulletin de Therapeutique*.

Profit from the Sale of Hair Dyes.—We observe, in the *Buffalo Medical Journal*, that Professor Hadley, in a communication read before the Buffalo Medical Association, states that the amount of solid silver in each bottle of the hair dyes of Ballard, Phalon, Batchelor, Christadaro and Clirehughs, is 10 cents for the first two, and 8 cents for the others. All these are sold at one dollar per bottle, leaving an enormous profit. The quantity of silver thus subtracted from the currency is very large. One firm in Buffalo used last year (in a period of thirteen months), 1100 ounces of silver coin.—*Buffalo Med. Journal*.

Poisonous Medicines.—"A correspondent of the *Medical Times*, writing from Paris, says, that the Prefect of Police has recently addressed to the Mayors of the rural communes, and to the Commissioners of the Police, a circular, suggesting that it be made obligatory on apothecaries to place upon the vial or package containing poisonous medicines destined for external use, a label, bearing some striking color, giving indication of such use. The color *orange-red* has been chosen, because it is of a nature to strike the eye. Upon this, the words 'medicine for external use' are to be printed in black, and in characters as distinct as possible. Is not this subject worthy the attention of our Pharmaceutical Association?"

Death by Hydrophobia.—Some time in February last, Thomas, a promising son of Mr. James C. Bentley, of this county, in his thirteenth year, was bitten by a mad dog. A mad stone was immediately applied to the wound, and with such indications of success, that great confidence was felt in the entire extraction of the virus. All went on well till last week, when the young man gave evidence of singular illness. Dr. Angell was called in, and notwithstanding his incessant and skilful attention, Thomas died on last Friday, in great agony, there being no doubt that he died from the effects of the bite in February.—*Columbia (Mo.) Statesman*.